



Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
Carson City, Nevada 89701-3714  
Phone: (775) 684-5705  
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Website: www.nvsos.gov

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JAN 15 2016

SECRETARY OF STATE  
ELECTIONS DIVISION

#2461

State of Nevada  
**Committee for Political Action**  
**(PAC)**  
Registration Form  
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☒ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☒ Change Address  
check all that apply
- ☐ Change Name ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:  
NLV Leadership PAC

Telephone:  
(702)371-2112

Mailing Address:  
5870 Bishops Bowl

North Las Vegas

NV 89081

Street Name, Number

City

State Zip Code

PAC Active Email Address:

**PURPOSE:** Briefly state the purpose for which the PAC was organized.  
To actively support individuals, candidates and groups committed to protecting and supporting the City of North Las Vegas.

**REGISTERED AGENT:** pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:  
John Lee

Telephone:  
(702)371-2112

Physical Address:  
5870 Bishops Bowl

North Las Vegas

NV 89081

Street Name, Number

City

State Zip Code

**REGISTERED AGENT ACCEPTANCE:** I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X

Signature of Registered Agent

Date:  
1/15/2016



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STATE OF NEVADA  
**Committee for Political Action  
(PAC)**  
**Registration Form**  
Page 2

**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

**Officer Name and Title:**

John Lee, President

**Telephone:**

(702)371-2112

**Mailing Address:**

5870 Bishops Bowl

North Las Vegas

NV 89081

Street Name, Number

City

State Zip Code

**Officer Name and Title:**

**Telephone:**

**Mailing Address:**

Street Name, Number

City

State Zip Code

**Officer Name and Title:**

**Telephone:**

**Mailing Address:**

Street Name, Number

City

State Zip Code

**Officer Name and Title:**

**Telephone:**

**Mailing Address:**

Street Name, Number

City

State Zip Code

**AFFILIATIONS:** If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

**Name of Organization:**

**Telephone:**

**Mailing Address:**

Street Name, Number

City

State Zip Code

**Name of Organization:**

**Telephone:**

**Mailing Address:**

Street Name, Number

City

State Zip Code

**Name of Organization:**

**Telephone:**

**Mailing Address:**

Street Name, Number

City

State Zip Code

**SUBMITTED BY:**

X

Signature of Representative of Group

**Printed Name:**

John J. Lee

**Date:**

1/15/2016

**Telephone:**

(702)371-2112